




HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	<i>Application Number</i>	10/559,558		
	<i>Filing Date</i>	June 4, 2004		
	<i>First Named Inventor</i>	Kirtland G. Poss		
	<i>Confirmation Number</i>			
	<i>Group Art Unit</i>			
	<i>Examiner Name</i>			
	<i>Attorney Docket Number</i>	3353.1005-003		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><i>Title</i></td> <td>BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES</td> </tr> </table>			<i>Title</i>	BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES
<i>Title</i>	BIOCOMPATIBLE FLUORESCENT SILICON NANOPARTICLES			

<p>I hereby appoint</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer No. 021005</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <p>_____</p> <p>_____</p> <p>as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>							
<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> Customer Number 021005</p> <p style="margin-left: 40px;">Hamilton, Brook, Smith & Reynolds, P.C.</p> <p style="margin-left: 40px;">530 Virginia Road</p> <p style="margin-left: 40px;">P.O. Box 9133</p> <p style="margin-left: 40px;">Concord, Massachusetts 01742-9133</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>							
<p>Please direct all telephone calls and facsimiles to:</p> <p>Name <u>David E. Brook, Esq.</u> Tel. No. <u>978-341-0036</u> Fax No. <u>978-341-0136</u></p>							
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Authorized representative of the Assignee, VisEn Medical, Inc., of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed.</p> <p><input type="checkbox"/> Authorized representative of the Assignee, [], together with [], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed.</p>							
<p style="text-align: center;">SIGNATURE of Applicant or Assignee of Record</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Signature</td> <td></td> </tr> <tr> <td>Name & Title</td> <td>Kirt Poss, President * CEO</td> </tr> <tr> <td>Date</td> <td>3/17/06</td> </tr> </table>		Signature		Name & Title	Kirt Poss, President * CEO	Date	3/17/06
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